NEWCARE INC 903 MAIN AVE

CRIVITZ 54114 Phone: (715) 854-2717 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? Yes Number of Beds Set Up and Staffed (12/31/04): 64 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 64 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 59 Average Daily Census: 61

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	47.5
Supp. Home Care-Personal Care	No					1 - 4 Years	37.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	15.3
Day Services	No	Mental Illness (Org./Psy)	23.7	65 - 74	8.5		
Respite Care	Yes	Mental Illness (Other)	18.6	75 - 84	37.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	5.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.4			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	3.4	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	30.5	65 & Over	96.6		
Transportation	Yes	Cerebrovascular	8.5			RNs	8.9
Referral Service	No	Diabetes	3.4	Gender	%	LPNs	11.3
Other Services	Yes	Respiratory	3.4			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	3.4	Male	30.5	Aides, & Orderlies	47.1
Mentally Ill	No			Female	69.5		
Provide Day Programming for	ĺ		100.0	İ			
Developmentally Disabled	No		als als als als als als als als		100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	5	11.1	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	8.5
Skilled Care	3	100.0	336	39	86.7	123	0	0.0	0	11	100.0	161	0	0.0	0	0	0.0	0	53	89.8
Intermediate				1	2.2	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		45	100.0		0	0.0		11	100.0		0	0.0		0	0.0		59	100.0

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NEWCARE INC

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.4		62.7	33.9	59
Other Nursing Homes	13.2	Dressing	6.8		62.7	30.5	59
Acute Care Hospitals	66.2	Transferring	16.9		57.6	25.4	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.9		40.7	47.5	59
Rehabilitation Hospitals	0.0	Eating	61.0		23.7	15.3	59
Other Locations	13.2	******	* * * * * * * * * * * * * * *	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	68	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.5	Receiving Resp	iratory Care	10.2
Private Home/No Home Health	18.1	Occ/Freq. Incontine	nt of Bladder	44.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	13.9	Occ/Freq. Incontine	nt of Bowel	35.6	Receiving Suct	ioning	0.0
Other Nursing Homes	2.8	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	13.9	Mobility			Receiving Tube	Feeding	3.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	5.1	Receiving Mech	anically Altered Diets	22.0
Rehabilitation Hospitals	0.0				3	•	
Other Locations	6.9	Skin Care			Other Resident C	haracteristics	
Deaths	44.4	With Pressure Sores		3.4	Have Advance D	irectives	98.3
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	72				Receiving Psyc	hoactive Drugs	54.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.3	84.2	1.13	88.5	1.08	87.7	1.09	88.8	1.07
Current Residents from In-County	93.2	76.9	1.21	72.5	1.29	70.1	1.33	77.4	1.20
Admissions from In-County, Still Residing	41.2	19.0	2.16	19.6	2.10	21.3	1.93	19.4	2.12
Admissions/Average Daily Census	111.5	161.6	0.69	144.1	0.77	116.7	0.96	146.5	0.76
Discharges/Average Daily Census	118.0	161.5	0.73	142.5	0.83	117.9	1.00	148.0	0.80
Discharges To Private Residence/Average Daily Census	37.7	70.9	0.53	59.0	0.64	49.0	0.77	66.9	0.56
Residents Receiving Skilled Care	98.3	95.5	1.03	95.0	1.03	93.5	1.05	89.9	1.09
Residents Aged 65 and Older	96.6	93.5	1.03	94.5	1.02	92.7	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	76.3	65.3	1.17	66.3	1.15	68.9	1.11	66.1	1.15
Private Pay Funded Residents	18.6	18.2	1.03	20.8	0.90	19.5	0.96	20.6	0.91
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	42.4	28.5	1.49	32.3	1.31	36.0	1.18	33.6	1.26
General Medical Service Residents	3.4	28.9	0.12	25.9	0.13	25.3	0.13	21.1	0.16
Impaired ADL (Mean)	55.6	48.8	1.14	49.7	1.12	48.1	1.16	49.4	1.13
Psychological Problems	54.2	59.8	0.91	60.4	0.90	61.7	0.88	57.7	0.94
Nursing Care Required (Mean)	4.9	6.5	0.75	6.5	0.75	7.2	0.68	7.4	0.66